

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035885

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 118

FILED SEP 18 1963

VS 300
Rev. 4/59

1 0411

2 0410

3 2

4 1

5 2

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7 0

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9 4200

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11

12 86-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison, Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany, Mo.		c. CITY OR TOWN Bethany, Mo.	
Length of stay in 1b 1 week		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crestview		d. STREET ADDRESS (If outside, give location) Butler Twp.-R.R. #3	
3. NAME OF DECEASED (Type or print) First Middle Last Dora May Youngman		4. DATE OF DEATH Month Day Year 9/14/63	
5. SEX F.	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/19/1872
9. AGE (last birthday) 90-		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	
11. BIRTHPLACE (City and state or country) Harrison County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sanford Tilley		13b. MOTHER'S MAIDEN NAME Lydia Salmon	
14. NAME OF HUSBAND OR WIFE Charles F. Youngman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Louise Youngman	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile deterioration DUE TO (c) Arteriosclerotic Heart and Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH 8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Loss of personal contact			PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 8-22-63 to 9-14-63 and last saw her alive on 9-9-63 Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Neston F. Moxley Jr. M.D.		22b. ADDRESS Bethany, Mo.	
22c. DATE SIGNED 9/14/63		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/16/63	23c. NAME OF CEMETERY OR CREMATORY Tilley Cem. Bethany, Mo.	
24. FUNERAL DIRECTOR ADDRESS M.B. Kiser Bethany, Mo.	25. DATE RECD. BY LOCAL REG. 9-14-1963		26. REGISTRAR'S SIGNATURE C. Jella Moxley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. B. Lucas*

Licensed Embalmer No. 3889

P. O. Address Bethany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.